Please type a plus sign (+)	_	U.S. I	Patent and Tr	adamalık Offica: L	IS DEDAR	PTO/SB/122 (10-00) 11/2002. OMB 0651-0035 TMENT OF COMMERCE alid OMB control number.		
CHANGE OF		Applicatio	Application Number			09/023,672		
	CORRESPONDENCE ADDRESS		Filing Date			Feb. 13, 1998		
Application		First Named Inventor			Scheidt			
Address to:	• • • • • • • • • • • • • • • • • • • •		Group Art Unit			2767		
	Assistant Commissioner for Patents		Examiner Name			Darrow, J.		
Washington, D.C. 20231		Attorney Docket Number			STS-119'D1			
to:	Customer Number Type Customer Number here			application	Place Customer Number Bar Code Label here			
Firm or Individual Name	19 STRATEGI	es, P	. c.					
Address	806 7TH STREET, NW							
Address	SUITE 301							
City	WASHINGTON		State	DC	ZIP	200C (
Country	USA				1			
Telephone	202-789-27	00 - 202.789-3594			- 35 91			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :		M	3	Ä
	Applicant/!nventor.	ILR(2001	ED
	Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	MOM		
\boxtimes	Attorney or Agent of record.			
	Registered practitioner named in the application transmittal letter in an application executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number	tion wi	thout a	an

Typed or Printed Name THOMAS M. CHAMPAGNE

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____forms are submitted.